County: Milwaukee ST. JOSEPH'S HOSPITAL SUBACUTE

5000 WEST CHAMBERS STREET

MI LWAUKEE 53210 Phone: (414) 447-208	0	Ownershi p:	Nonprofit Church
Operated from 1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	22	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	28	Title 19 (Medicaid) Certified?	No
Number of Residents on 12/31/01:	10	Average Daily Census:	15

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	100. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	0. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	10.0	More Than 4 Years	0. 0
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	20. 0		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	60.0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	10.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	0.0	Full-Time Equivale	nt
Congregate Meals	No	Cancer	0. 0		Í	Nursing Staff per 100 R	esi dents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	20. 0	65 & 0ver	90. 0		
Transportati on	No	Cerebrovascul ar	10.0	·		RNs	89. 4
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	0. 0
Other Services	No	Respi ratory	30. 0		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	40.0	Male	30.0	Aides, & Orderlies	18. 1
Mentally Ill	No		i	Femal e	70.0		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	No		i		100.0		
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Method of Reimbursement

		Medicare Title 18			dicaid tle 19	-		0ther		I	Pri vate Pay	;		amily Care		l	Managed Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	0f
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0. 0
Skilled Care	7	100. 0	312	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	100.0	323	10	100. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	7	100.0		0	0.0		0	0.0		0	0.0		0	0.0		3	100.0		10	100. 0

ST. JÖSEPH'S HOSPITAL SUBACUTE

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti ons	, Services,	and Activities as of 12/	/31/01
Deaths During Reporting Period		ˈ					
8 1 8		I [']		% Ne	edi ng		Total
Percent Admissions from:		Activities of	%	Assi st	ance of	% Totally	Number of
Private Home/No Home Health	0.6	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	30.0	7	0. 0	0.0	10
Other Nursing Homes	0.0	Dressing	20. 0	8	80. 0	0. 0	10
Acute Care Hospitals	99. 4	Transferring	20. 0	7	0.0	10. 0	10
Psych. HospMR/DD Facilities	0.0	Toilet Use	30. 0	7	0. 0	0. 0	10
Rehabilitation Hospitals	0.0	Eati ng	80. 0	2	0. 0	0. 0	10
Other Locations	0.0	*************	******	******	*******	*********	******
Total Number of Admissions	507	Continence		% Sp	ecial Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	30. 0	Receiving R	espi ratory Care	10. 0
Private Home/No Home Health	38. 2	Occ/Freq. Incontinent	of Bladder	0. 0	Recei vi ng T	racheostomy Care	0. 0
Private Home/With Home Health	35. 2	Occ/Freq. Incontinent	of Bowel	0. 0	Receiving S	ucti oni ng	0. 0
Other Nursing Homes	22. 7				Receiving 0	stomy Care	0. 0
Acute Care Hospitals	2. 2	Mobility			Recei vi ng T	ube Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	0. 0	Receiving M	echanically Altered Diets	0.0
Rehabilitation Hospitals	0. 0						
Other Locations	0.8	Skin Care		0t	her Residen	t Characteristics	
Deaths	1.0	With Pressure Sores		10. 0	Have Advanc	e Directives	0. 0
Total Number of Discharges		With Rashes			di cati ons		
(Including Deaths)	511				Receiving P	sychoactive Drugs	50. 0

	Thi s	0ther	Hospital -		Al l
	Facility	Based I	Facilities	Fac	ilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	53. 6	88. 1	0. 61	84. 6	0. 63
Current Residents from In-County	90. 0	83. 9	1.07	77. 0	1. 17
Admissions from In-County, Still Residing	1.8	14. 8	0. 12	20. 8	0.09
Admissions/Average Daily Census	3380. 0	202. 6	16. 68	128. 9	26. 22
Discharges/Average Daily Census	3406. 7	203. 2	16. 76	130. 0	26. 20
Discharges To Private Residence/Average Daily Census	2500. 0	106. 2	23. 54	52. 8	47. 38
Residents Receiving Skilled Care	100. 0	92. 9	1.08	85. 3	1. 17
Residents Aged 65 and Older	90. 0	91. 2	0. 99	87. 5	1.03
Title 19 (Medicaid) Funded Residents	0. 0	66. 3	0.00	68. 7	0.00
Private Pay Funded Residents	0. 0	22. 9	0.00	22. 0	0.00
Developmentally Disabled Residents	0.0	1. 6	0.00	7. 6	0.00
Mentally Ill Residents	0. 0	31. 3	0.00	33. 8	0.00
General Medical Service Residents	40. 0	20. 4	1. 96	19. 4	2.06
Impaired ADL (Mean)*	36. 0	49. 9	0. 72	49. 3	0. 73
Psychological Problems	50. 0	53. 6	0. 93	51. 9	0. 96
Nursing Care Required (Mean)*	2. 5	7. 9	0. 32	7. 3	0. 34